Member Search

Enrollment Portal – Once the user is redirected to the enrollment portal, they will be able to search for a member. The Employees page allows a user to conduct a basic search by Member ID or SSN.

				MESSAGES PROFILE LOGOUT
Employees Resources				
Employees				
To search for a Member using the Basic \$	Search, select the option in the drop do	wn to search by Memb	er ID or SSN	
To search for a Member using the Advance	ed Search, enter:			
 "Group" to list all Members and any "Last Name" and "Group" to search Click on the "Search" button 			d/or "Date of Birth"	
Any Member(s) found will be listed below	To review the current eligibility status	for a specific Member, o	lick on the Member's Nan	ne.
Before Adding a New Member, use the page.	search options to perform a search	of the Subscriber. If n	o results are returned, c	click on the Add New Member button at the bottom of the
Search by Member ID SSN	Sea	rch Criteri	a (Member Search Res	·
	ember Details Lir	k		
Search Reset Mit	ember Details Lin	ĸ		👼 Print Results 🖪 Download Results
Name Member ID	Group Date of Birth		Relationship Code	Relationship Description
Jones, Sam 11111111100	100 1/5/1962	Active	18	Insured (Policyholder/Employee)
			of 1 IP IPP	
		(에 에 Page 1 🗸 🗸	OT THE IFF	

Numerical identifiers for the relationship codes are based on the HIPAA standards. For the full list of the relationship codes, please refer to page 40 in the Addendum.

View Member Details: View Member Name, ID, Address, coverage type and status.

						MESSAGES	() LOGOUT
	Employees Resources						
	Eligibility						
	View/Print ID Card ID Card Request	Subscriber Chi	anges Dependent C	hanges			
	<u>< Back</u> Sam Jones				Print Vie	W	
Member Details	View all family members						
	Member Info						
	Name: Sam Jones	Member ID: 66666666600		Address: 4161 E 96th St	Status: Active		
	0			Indianapolis IN, 46240	,		
	Relationship Code 18	Relationship Insured (Policyholde	er/Employee)	Original Effective Date:	Group Na Circle City		
	Group Number: 300	DOB: 01/05/1962		Plan: GH			
	Coverages	e new rolls					
	Coverage Type	Pla	n Name		Coverage Dates		
		VIS	ION		01/01/2024 - Active		
			NTAL		01/01/2024 - Active		
		ME	DICAL		01/01/2024 - Active		

Advanced Member Search

This menu item allows you to search for a member in the specific subgroup(s) you have been given user rights to view their eligibility. Once you find a member you can access the links to update their record. You can also add a new member.

	A DELTA DENT	AL .				MESSAGES LOGOL
	Employees Resource	s				
	Employees					
	To search for a Member using	the Basic Search, select the op	ation in the drop down to search	h by Member ID or SSN		
	To search for a Member using	the Advanced Search, enter:				
		to search for a specific Memb	nust enter at least one group no er. You can also enter the "Firs	umber st Name' and/or "Date of Birth"		
	Any Member(s) found will be lit	sted below. To review the curre	nt eligibility status for a specific	c Member, click on the Member's	Name.	
	Before Adding a New Member page.	r, use the search options to	perform a search of the Subs	scriber. If no results are returne	d, click on the Add New M	ember button at the bottom of the
	Search by Mem Note: At least Group or Last		search 🗲 🖊 🗛	Advanced Membe	er Search Optic	on
Advanced	First Name	Last Name	Date of Birth	Status Code	Group	Location
Search Fields	▶					
	10455-01505-00450	Coverage Name	Hire Date	Org Provider ID		
	Benefit Plan					
	Benefit Plan					
	Benefit Plan Search Reset Add New Member					

This menu item allows you to view a complete list of members (and dependents) in the specific subgroup(s).

	△ DELI	A DENTA	L						MESSAGES	LOGOUT
	Employees	Resources								
	Emple	Employees								
	To search for a	To search for a Member using the Basic Search, select the option in the drop down to search by Member ID or SSN								
	To search for a	To search for a Member using the Advanced Search, enter:								
	"Group" to Stall Members and any dependents. You must enter at least one group number "Last Name" and "Group" to search for a specific Member. You can also enter the "First Name" and/or "Date of Birth" "Cick on the "Search" button									
	Any Member(s)	found will be listed	below. To rev	iew the cur	rent eligibility stat	is for a specific Membr	er, click on the Member's Name			
	Before Adding page.	a New Member, u	use the search	h options t	o perform a sear	ch of the Subscriber.	If no results are returned, clic	k on the Add New Member	button at the bottom	n of the
	Search	by Member	ID ¥ 8	Advance	ed search					
	Note: At leas	it Group or Last Na	ime field must	be filled.						
	First Nam		Last Name		Date of	Dicth	Status Code	Group	Location	
	sam		jones			Contra		Gibbp	Cocation	
	Benefit Pk	an	Coverage	Name	Hire Da		Org Provider ID			
	Search	Reset								
		1						ē p	rint Results 🖞 Dowr	nioad Resu
	Name	Member ID		Group	Date of Birth	Status	Relationship Code			
arch Results ———	Jones, Sam	666666666		300	1/5/1962	Active	18		holder/Employee)	
	Jones, Sam	11111111100		100	1/5/1962	Terminated	18		holder/Employee)	
	Jones, Sam	11111111100		100	1/5/1962	Future Eligibilit			holder/Employee)	
	Jones, Sam	11111111100		100	1/5/1962	Active	18		holder/Employee)	
	Jones, Sam	1111111100		100	1/5/1962	Terminated	10	Insured (Policy)	holder/Employee)	
	Jones, Sam									

Benefit details including coverage types are shown under Coverages on the Eligibility Screen.

C DELTA DENTAL			MESSAGES LOGOU	ut.
Engligent Resources				
Eligibility				
View/Print ID Card ID Ca	erd Request Subscriber Changes Dep	endent Changes		
diack Sam Jones			Print Vew	
Vew all family members				
Member Info				
Name: Sam Jones	Member ID: SMPL0001	Address: 4101 E 06th Bt Bie 101 Indianapolis IN, 46240	Status: Active	
Relationship Code 18	Relationship Insured (Policyholder/Employee)	Original Effective Date: 05/05/2009	Group Name: Circle City	
Group Number: 100	DOB: 01/05/1962	Plan: HWP10016	Full-time Student: No	
Disabled: No				
Coverages				
Coverage Type	Plan Name		Coverage Dates	
DENTAL	Silver		01/01/2024 - Active	
MEDICAL	Silver		01012024 - Active	
VISION	Silver		01/01/2024 - Active	
MEDICAL	Silver		01/01/2023 - 12/31/2023	
DENTAL	Silver		01012023 - 12/312023	
Maximums				
Medical			Plan Year: 2	2024
In Network w				
Individual/Family	Type		Maximum Amount	
Individual	Deductible		\$1,000.00	-
Individual	Out-of-pocket		\$4,000.00	
Family	Deductible		\$3,500.00	
Family	Out-of-pocket		\$20,000.00	
Dental In Network				
Individual/Family	Type		Maximum Amount	
Individual	Deductible		National Amount	-
Individual	Out-of-pocket		\$2,000.00	
Family	Deductible		\$400.00	
Family	Out-of-pocket		\$7,500.00	
Vision In Network				
Individual#amily	Tope		Masimum Amount	
Individual	Deductible		\$500.00	-
Individual	Out-of-pocket		\$2,000.00	
Family	Deductible		\$1,000.00	
Family	Out-of-pocket		\$3,000.00	

					MESSAGES	් LOGOU
	Employees Resources					
	Eligibility					
	View/Print ID Card ID Card Request	Subscriber Changes Depender	nt Changes			
	<u>≺Back</u> Sam Jones			Print View		
	View all family members					
	Member Info					
lember etails	Name: Sam Jones	Member ID: 66666666600	Address: 4161 E 96th St Indianapolis IN, 46240	Status: Active		
	Relationship Code 18	Relationship Insured (Policyholder/Employee)	Original Effective Date:	Group Name: Circle City		
	Group Number: 300	DOB: 01/05/1962	Plan: GH			
	Coverages					
	Coverage Type	Plan Name		Coverage Dates		
		VISION		01/01/2024 - Active		
		DENTAL		01/01/2024 - Active		
		MEDICAL		01/01/2024 - Active		

Additional Plan benefit detail based on a member search includes, calendar / plan maximums, dependent information, deductibles.

A DELTA DENTAL			tosout
Englished Streetwood			
Eligibility			
ViewPrint ID Card 10 Ca	rd Request Subscriber Charges Dep	endent Changes	
diack Sam Jones			Section 2010
Vew all family members			
Member Info			
Name:	Member ID:	Address:	Status:
Sam Jones	SMPL0001	4191 E 9091 St Ste 101 Indianapolis IN, 46240	Active
Relationship Code	Relationship Insured (Pulicyholder(Employee)	Original Effective Date: 01/01/2009	Group Name:
			Circle City
Group Number: 100	DOB: 01/05/1962	Plan: HWP10016	Full-time Student:
	01000100M	HINNY SAVIN	THEY.
Disabled: No			
Coverages			
Coverage Type	Plan Name	Ce	overage Dates
DENTAL	Silver	01	101/2024 - Active
MEDICAL	Silver	01	101/2024 - Active
VISION	Silver	01	101/2024 - Active
MEDICAL	Silver		012023 - 12/31/2023
DENTAL	Silver	01	012023 - 12/312023
Maximums			
Medical			Plan Year: 2024
In Network v			
Individual/Family	Type		ssimum Amount
Individual	Deductible		.000.000
Individual	Out-of-pocket		.000.00
Family	Deductible Out-of-pocket		1500.00
Family	Dut-of-pocket	12	5,000.00
Dental			
In Network *			
Individual#amily	Type	Ma	utimum Amount
Individual	Deductible	\$5	00.00
Individual	Out-of-poolet	\$2	000.000
Family	Deductible	54	00.00
Family	Out-of-pocket	\$7	,500.00
Vision			
In Network ~			
IndividualiFamily	Туре		wimum Amount
Individual	Type Deductible		00.00
Individual	Out-of-pocket		1000.00
Family	Deductible	51	.000.000

	Medical In Network ~				Plan Year 202
	Individual/Family	Туре	Amount Met	Maximum Amount	Progress
	Individual	Deductible	\$238.54	\$1,000.00	-
	Individual	Out-of-pocket	\$238.54	\$4,000.00	•
	Family	Deductible	\$833.80	\$3,500.00	-
ember	Family	Out-of-pocket	\$833.80	\$20,000.00	
etails	Dental	Туре	Amount Met	Maximum Amount	Progress
	Individual	Deductible	\$0.00	\$500.00	(
	Individual	Out-of-pocket	\$0.00	\$2.000.00	
	Family	Deductible	\$0.00	\$400.00	
	Family	Out-of-pocket	\$0.00	\$7.500.00	

Additionally, balance information for individual and family coverage with out of pocket and deductible maximums and amounts met.

A DELIA DENTAL			MEDIANITA LONDA
Stations Advanced			
Eligibility			
	ard Request Subscriber Changes Deg	rendent Changes	
<.lisck Sam Jones			Trint View
Vew all family members			
Member Info			
Name:	Member ID:	Address:	Status:
Sam Jones	5MPL0001	4161 E 968h SI Site 101 Indianapolis IN, 46240	Active
Relationship Code 18	Relationship Insured (Policytoider/Employee)	Original Effective Date: 01/01/2009	Group Name: Circle City
Group Namber:	DOB	Plan:	Pull-time Student:
100	01/05/1962	HWP10016	No
Disabled:			
No			
Coverages			
Coverage Type	Plan Name		Coverage Dates
DENTAL	Silver		01/01/2024 - Active
MEDICAL	Silver		01/01/2024 - Active
VISION	Silver		01/01/2024 - Active
MEDICAL	Silver		01/01/2023 - 12/31/2023
DENTAL	Silver		01010023 - 12010223
Maximums			
Medical			Plan Year: 2024 *
In Network w			
Individual#amily	Type Device this		Maximum Amount
Individual/Family	Deductible		\$1,000.00
Individual#amily			
Individual#amily Individual Individual	Deductible Out-of-pocket		\$1,000.00 \$4,000.00
Individual/Family Individual Individual Family	Deductible Out-of-posket Deductible		\$1,000.00 \$4,000.00 \$3,500.00
IndividualiFamily Individual Individual Family Family Dental	Deductible Out-of-posket Deductible		\$1,000.00 \$4,000.00 \$3,500.00
Individual Family Individual Individual Family Family Dental Individual Individual Individual Individual Individual Individual Individual	Deductible Oxf-of-gootket Deductible Oxf-of-gootket Type Deductible		11.000 00 84.000 00 826.000 00 826.000 00 Westman Annual 5000 00
Individual Family Individual Family Femily Dental In Network • Individual Family	Describe Card of poolar Deductibe Card-opoilar Type Deductibe Card-opoilar		13.000 00 54.000 00 503.000 00 503.000 00 503.000 00 505.000 00 505.000 00
Individual Family Individual Individual Family Dential In Notect: V Individual Intervent: V Individual Family Family Family	Describle Card-opoint Card-spont Card-spont Card-spont Page Describle Card-spont Card-spont Card-spont Card-spont Card-spont		1 1 00 00 00 00 00 00 00 00 00 00 00 00 00 00
Individual Family Individual Individual Family Family Dental In Network W Individual Individual Individual Individual Individual Individual	Describe Card of poolar Deductibe Card-opoilar Type Deductibe Card-opoilar		11.000 00 54.000 00 50.000 00 500.000 00 500.000 00 500.000 00
Individual Family Individual Individual Family Dential In Notect: V Individual Intervent: V Individual Family Family Family	Describle Card-opoint Card-spont Card-spont Card-spont Page Describle Card-spont Card-spont Card-spont Card-spont Card-spont		1 1 00 00 00 00 00 00 00 00 00 00 00 00 00 00
Individual Family Individual Individual Individual Individual Family Dontal Individual Individual Individual Individual Family Family Family Family	Describle Card-opoint Card-spont Card-spont Card-spont Page Describle Card-spont Card-spont Card-spont Card-spont Card-spont		1 1 00 00 00 00 00 00 00 00 00 00 00 00 00 00
Individual Family Individual Family Individual Family Family Pamily Dential Individual Family Individual Family Family Family Family Vision Vision	Describle Card-opoint Card-spoint Card-spoint Card-spoint Page Describle Card-spoint Card-spoint Card-spoint Card-spoint		1 1 00 00 00 00 00 00 00 00 00 00 00 00 00 00
Individual Family Individual Family Family Family Dental Individual Family Individual Family Individual Family Family Vision In Manon *	Deductive Deductive Deductive Deductive Out of packet Deductive Deductive Out of packet Out of packet Out of packet		9 406 8 4060 8 8060 8 8060 8 9060 8 9060 8 9060 8 9000 8 9000 8 9000 8
Indevidual Family Indevidual Control C	Deductitie Ord alcosoff Deductitie Ord algoster Ord algoster Ord algoster Ord algoster		91 405 09 40 405 09 40 405 09 40 405 09 40 405 09 40 405 00 4

	Vision In Network ~ Individual/Family	Туре	Amount Met	Maximum Amoi	unt	Progress
	Individual	Deductible	\$103.35	\$500.00		-
	Individual	Out-of-pocket	\$103.35	\$2,000.00		•
mber	Family	Deductible	\$407.45	\$1,000.00		
ails	Family	Out-of-pocket	\$407.45	\$3,000.00		
uns	Office Visits					
	Name	Amount Met		Maximum Amount	Progress	
	Chiropractic	0		0	(